

## ***POLITICAL/ISSUE AVAIL REQUEST***

**DATE:** 5/3/2018

**REQUESTED BY:** Sadler Media

**ADDRESS:** 12103 Viewcrest Blvd, Studio City, CA 91604

**TELEPHONE#** 818-506-5443

**FAX# :**

**ON BEHALF OF CANDIDATE/ISSUE:** Malia Cohen

**OFFICE/ISSUE:** State Board of Equalization

**PARTY AFFILIATION:** Democrat

**COMMITTEE:** Malia Cohen for State Board of Equalization

**TREAS./CHAIRMAN:** Stacey Owens

**ADDRESS:** 5940 College Avenue. Suite F

**TELEPHONE#** 415-252-7552

**FAX# :**

**DATES AND TIMES REQUESTED:** All

**REMARKS:** CA Form 460 shows Anthony Barr as Assistant Treasurer

## AGREEMENT FORM FOR POLITICAL CANDIDATE ADVERTISEMENTS

(check applicable box)

☐ FEDERAL CANDIDATE

☒ STATE/LOCAL CANDIDATE

To Avail Themselves Of The Lowest Unit Charge During A Political Window, Federal Candidates Must Sign The Certification On Page 3

Station and Location: <u>KGO-TV/San Francisco</u>	Date: <u>2/5/18</u>
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I, Sheri Sadler

being/on behalf of: \_\_\_\_\_

a legally qualified candidate of the \_\_\_\_\_

political party for the office of: \_\_\_\_\_

in the \_\_\_\_\_

election to be held on: \_\_\_\_\_

do hereby request station time as follows:

Broadcast Length	Time of Day, Rotation or Package	Days	Class	Times per Week	Number of Weeks
see request email					

Attach proposed schedule with charges (if available):

I represent that the payment for the above described broadcast time has been furnished by:

and you are authorized to announce the time as paid for by such person or entity. I represent that this person or entity is either a legally qualified candidate or an authorized committee/organization of the legally qualified candidate.

The name of the treasurer of the candidate's authorized committee is:

See Letter of Authorization

This station has disclosed to me its political advertising policies, including: applicable classes and rates; and discount, promotional and other sales practices (not applicable to federal candidates).

**THIS STATION DOES NOT DISCRIMINATE OR PERMIT DISCRIMINATION ON THE BASIS OF RACE OR ETHNICITY IN THE PLACEMENT OF ADVERTISING.**

***To Be Signed By Candidate or Authorized Committee***

Date \_\_\_\_\_

**Signature**

***To Be Signed By Station Representative***

**Accepted**

☐ Accepted in Part

☐ Rejected

**Signature**

Printed Name

### Title